

# Family Influences on Child Health and Development

Family resources and processes shape the structure and quality of children's **home, childcare, and school experiences**, and **economic opportunities**. These resources and processes affect children's **developmental and health trajectories** and mediate and/or moderate other environmental influences on children's outcomes.

General Information	
Broad Focus Area	Development and Behavior, Social Environment
Background and Justification	<p>Families are the epicenters of social-environmental influences on children's health and development.<sup>1-3</sup> Most studies of children's health and development hypothesize that family variables have direct, mediating, or moderating influences on a wide range of children's health and developmental outcomes (e.g., obesity, asthma, mental health). A review of the existing research suggests that two major domains: (a) family resources and (b) family processes, are primary influences on children's health and development. The family resources domain includes <i>family structure</i> (i.e., parental unions, household composition, and family living arrangements); <i>family socioeconomic status</i> (e.g., parents' and other household members' education, income, wealth, health insurance, and human capital); <i>social resources</i> (ties and access to supportive others); <i>family physical and mental health</i>; and <i>family identity</i> (e.g., identification with cultural norms, attitudes, and values associated with specific racial, ethnic, religious or other socially defined groups). The family processes domain includes <i>management</i> (e.g., decision-making, resource allocation, parental involvement and engagement in children's school and education, seeking medical care, and engaging children in such activities as religious education or sports); <i>parenting</i> (e.g., parental practices such as monitoring, nurturance, protection, and guidance; parenting styles; and direct interactions between parents and children); and <i>family climate</i> (i.e., family cohesion, family violence). The links between these domains and processes operate and change over time as children grow and pass through different stages of development.</p> <p>Most children grow up in the context of families. Therefore, the family is a vital conduit through which the effects of the social environment operate in determining the health and well-being of children. For a long-term longitudinal study of the health and well-being of children such as the NCS, it is crucial to accurately measure and estimate the extent to which family characteristics and dynamics mediate and/or moderate the effects of the social and physical environment on children's long term health and development. Understanding the role of the family in promoting healthy child outcomes, protecting against disease, and managing care is also crucial for health interventions and policy initiatives. A large prospective longitudinal study that examines family characteristics and resources over time is needed to illuminate family level-effects on child health and development. A large, nationally representative sample of children is needed in order to better model interactions between family influences and other effects of the social and physical environmental. <i>Longitudinal, prospective</i> data are required in order to assess how changes in family resources and processes influence changes in the physical, biological, and emotional development of children over time, and to identify short-term and long-term effects of family characteristics.</p>

	<p>Potential general sub-hypotheses include:</p> <ul style="list-style-type: none"> <li>- Family structures, including parental unions, household composition, and living arrangements affect child outcomes. The extent to which changes in family structure affect child outcomes stems in part from the nature and stability of family structures.</li> <li>- Parental monitoring of children's activities will enhance health and development.</li> <li>- Parental investments in health advocacy and help-seeking behaviors on behalf of their children contribute to better physical and mental health outcomes in children.</li> </ul> <p>[Note that impact of <b>socioeconomic status</b> on child health and development is proposed as a separate hypothesis, "Socioeconomic gradient and child health and development."]</p>
<b>Prevalence/ Incidence</b>	<p>Regarding <b>family structure</b>, estimates as recent as 2000 indicate that 69 percent of children are currently living in two-parent families, down from 77 percent in 1980. The U.S. Census Bureau estimates that one-third of children today are born to unmarried mothers and may grow-up in single-parent families or spend significant portions of their lives with other relatives or stepparents. It is estimated that half of all children in America under the age of 16 would someday live in a single-parent household.<sup>4</sup></p> <p><b>Family violence</b> is a critical dimension of the family climate; it is a serious problem that affects large numbers of adults and children.<sup>5-7</sup> Conservative estimates suggest that up to 25% of the U.S. population are victims of child abuse and neglect, intimate partner violence, and elder maltreatment.<sup>7</sup></p>
<b>Economic Impact</b>	<p>Potential outcomes studied are wide ranging. Economic impact depends on specific outcome of interest. See hypotheses on pregnancy outcomes, altered neurobehavioral development, injuries, asthma, and obesity and growth for more details.</p>

<b>Exposure Measures</b>		<b>Outcome Measures</b>	
<b>Primary/ Child</b>	<p>Family Resources:</p> <ul style="list-style-type: none"> <li>- family structure; demographics (race, ethnicity); religion; income; employment</li> </ul> <p>Family processes:</p> <ul style="list-style-type: none"> <li>- parenting (discipline, monitoring); health management; household division of labor</li> </ul>	<b>Primary/ Child</b>	<p>Various health outcomes and social behaviors; School records</p> <p>See specific hypotheses on:</p> <ul style="list-style-type: none"> <li>- pregnancy outcomes</li> <li>- altered neurobehavioral development,</li> <li>- injuries,</li> <li>- asthma,</li> <li>- obesity and growth</li> </ul>
Methods	Questionnaires, Household surveys	Methods	Various (see other hypotheses)
Life Stage	Annually or bi-annually throughout childhood and adolescence	Life Stage	Birth through High School

<b>Important Confounders/Covariates</b>
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Various	Many of the covariates listed in the other hypotheses will impact this hypothesis as the health outcomes studied are wide-ranging. Some examples are listed below.
Demographic variables	Age, gender, language spoken, migration history, etc. may interact with family structure and processes (some demographic information will be exposures depending on specific hypothesis)
Parental education level	Highest grade attained or participation in school or training programs may interact with family structure and processes.
Breastfeeding practices	Breastfeeding practices may impact health outcomes such as obesity.
Media influences	Frequency and content of television viewing and video and computer use may impact health outcomes.
Neighborhood characteristics	Geographic area of residence may be associated with certain exposures that increase risk of health outcomes of interest.

Population of Interest	Estimated Effect that is Detectable
All Children	Some family structures have low rates of prevalence (i.e., adoptive families) and may require oversampling. It will be important to oversample diverse types of rural communities that pose special risks to child health and development.

Other Design Issues	
Ethical/Burden Considerations	General ethical issues include need to protect privacy of individuals and families and when to intervene in families to protect children's health and well-being. Detected instances of child abuse and neglect must be reported to authorities. Regarding burden, since this study will combine comprehensive measurement of both health and family dynamics, burden on families must be considered in setting limits to the scope of measurement.
Need for Community Involvement	Measuring the social environment may involve the collection and integration of information on the local areas in which participants live; community surveys of values, attitudes, and social processes; and observational studies of schools, religious organizations, and day care centers.

## References:

- <sup>1</sup> Demo, D., & Cox, M. (2000). Families with young children: A Review of the research in the 1990s. *Journal of Marriage & the Family*, 62, 876-895.
- <sup>2</sup> McLoyd, V. C., Cauce, A. M., Takeuchi, D., & Wilson, L. (2000). Marital processes and parental socialization in families of color: A decade review of research. *Journal of Marriage & the Family*, 62(4), 1070-1093.
- <sup>3</sup> Moen, P., Elder, G. H., Jr., & Luescher, K. (Eds.). (1995). *Examining lives in context: Perspectives on the ecology of human development*. Washington, D.C.: American Psychological Association.
- <sup>4</sup> Fields, J. (2001). Current Population Reports: Living Arrangements of Children. U.S. Census Bureau, issued April 2001. Website, <http://www.census.gov/prod/2001pubs/p70-74.pdf>.
- <sup>5</sup> National Research Council.(1993). *Understanding Child Abuse and Neglect*. Panel on Research on Child Abuse and Neglect, National Research Council. Washington, D.C.: National Academies Press.

<sup>6</sup> National Research Council.(1996). *Understanding Violence Against Women*. Nancy A. Crowell and Ann W. Burgess, Editors; Panel on Research on Violence Against Women, National Research Council. Washington, D.C.: National Academies Press. Mayer, S. E., & Jencks, C. (1989, March 17, 1989). Growing up in poor neighborhoods: How much does it matter? *Science*, 1441-1444.

<sup>7</sup> National Research Council.(2002). *Confronting Chronic Neglect: The Education and Training of Health Professionals on Family Violence*. Felicia Cohn, Marla E. Salmon, and John D. Stobo, Editors. Board on Children, Youth, and Families, National Research Council. Washington, D.C.: National Academies Press.